

FIG. 1

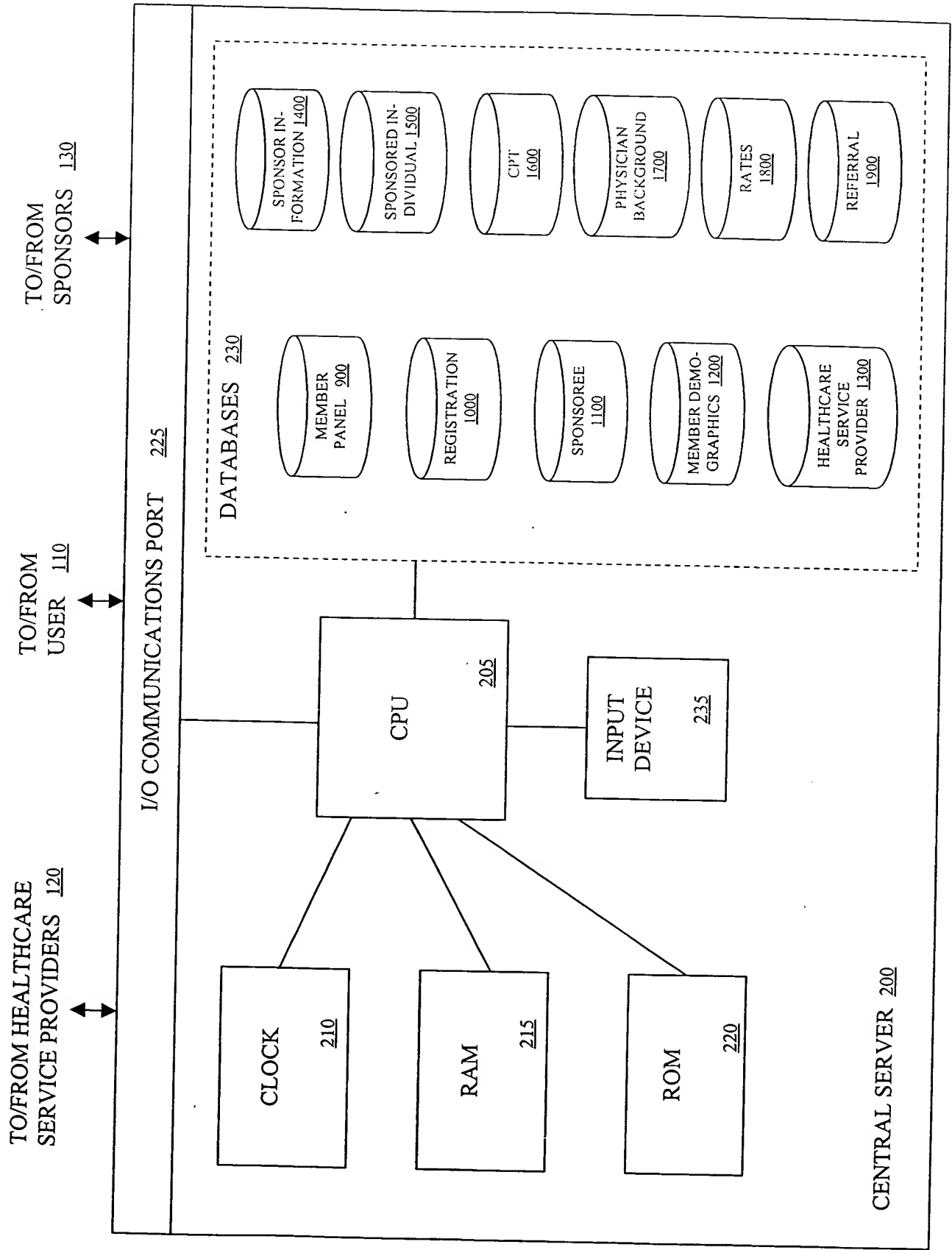


FIG. 2

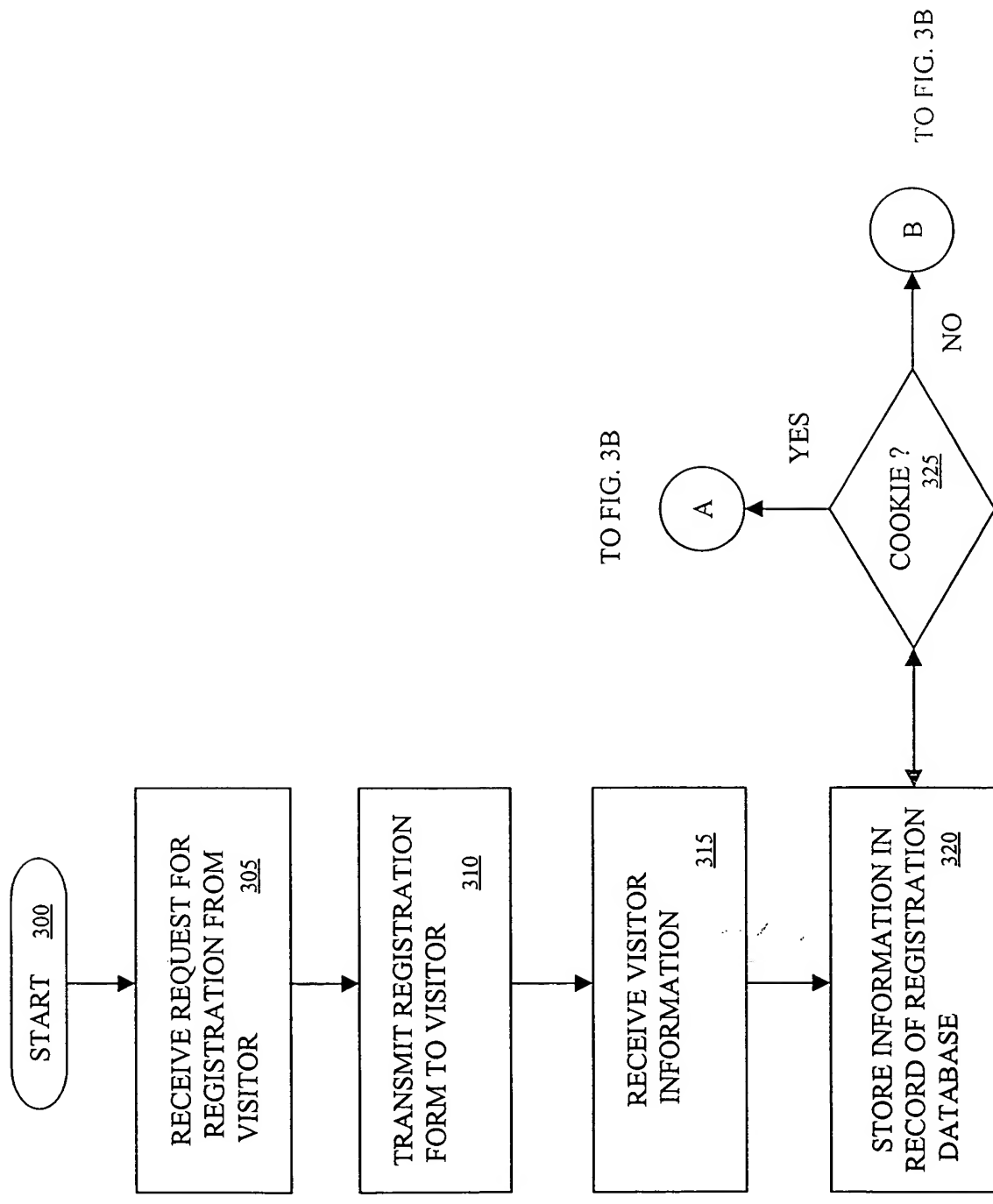


FIG. 3A

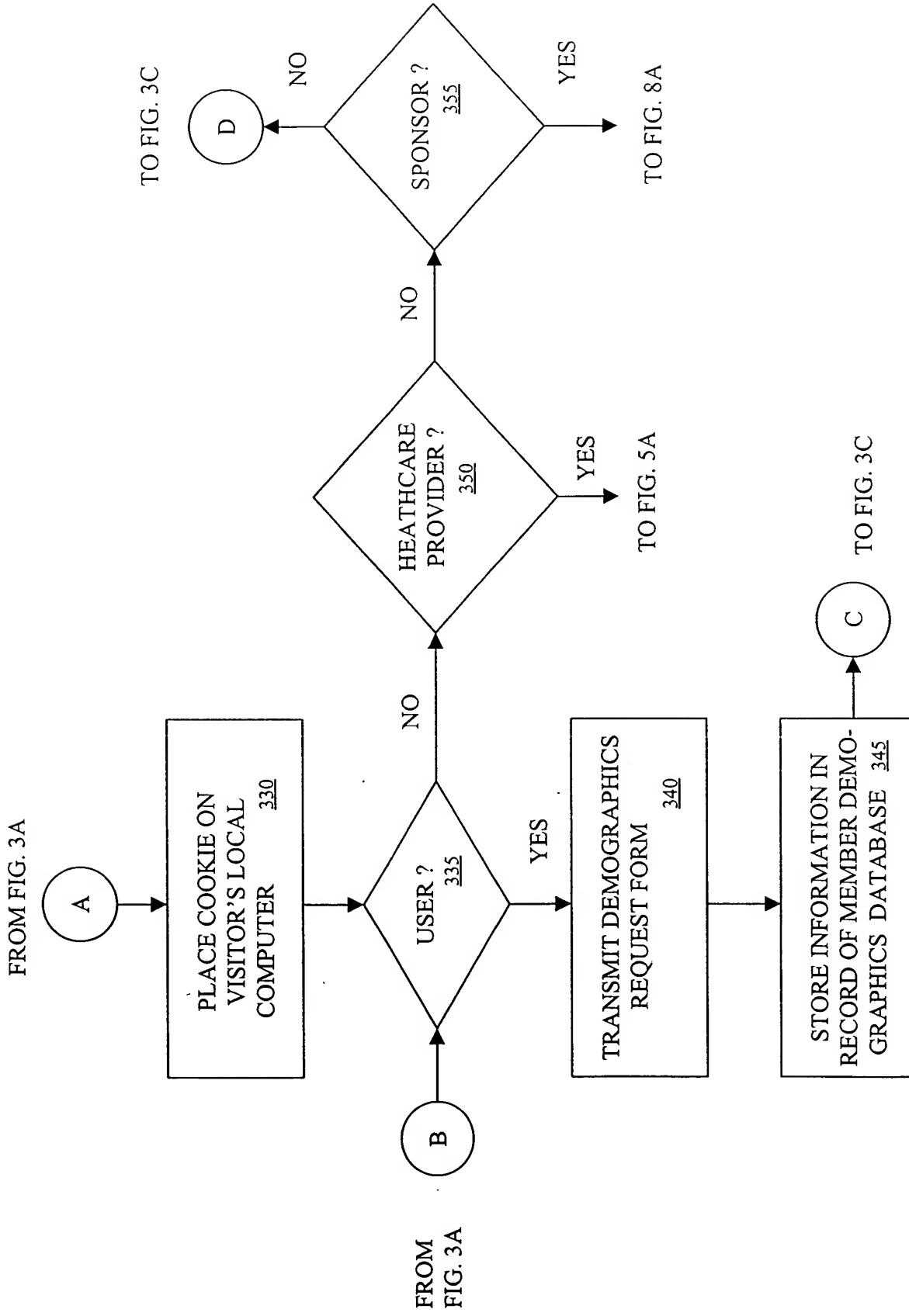


FIG. 3B

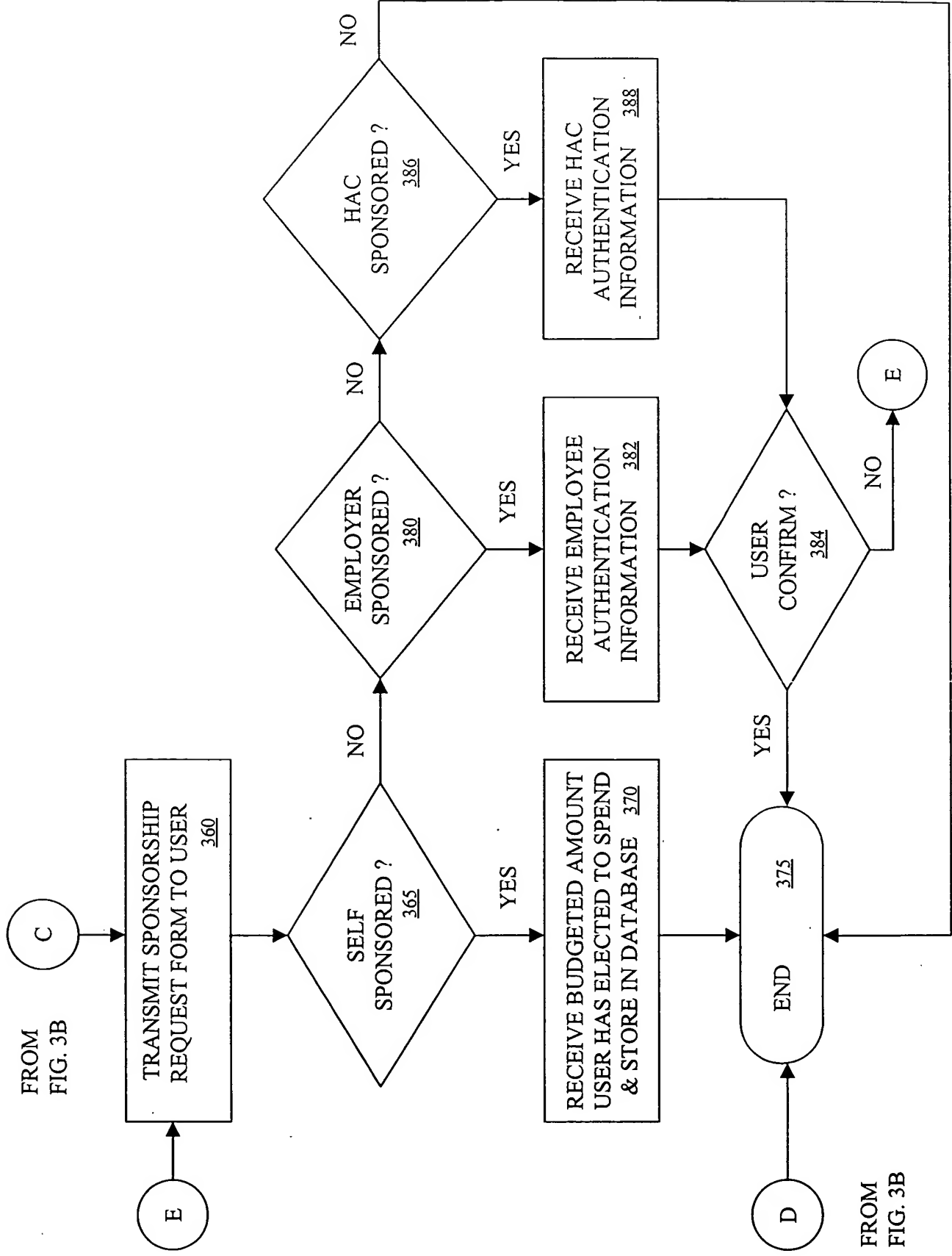


FIG. 3C

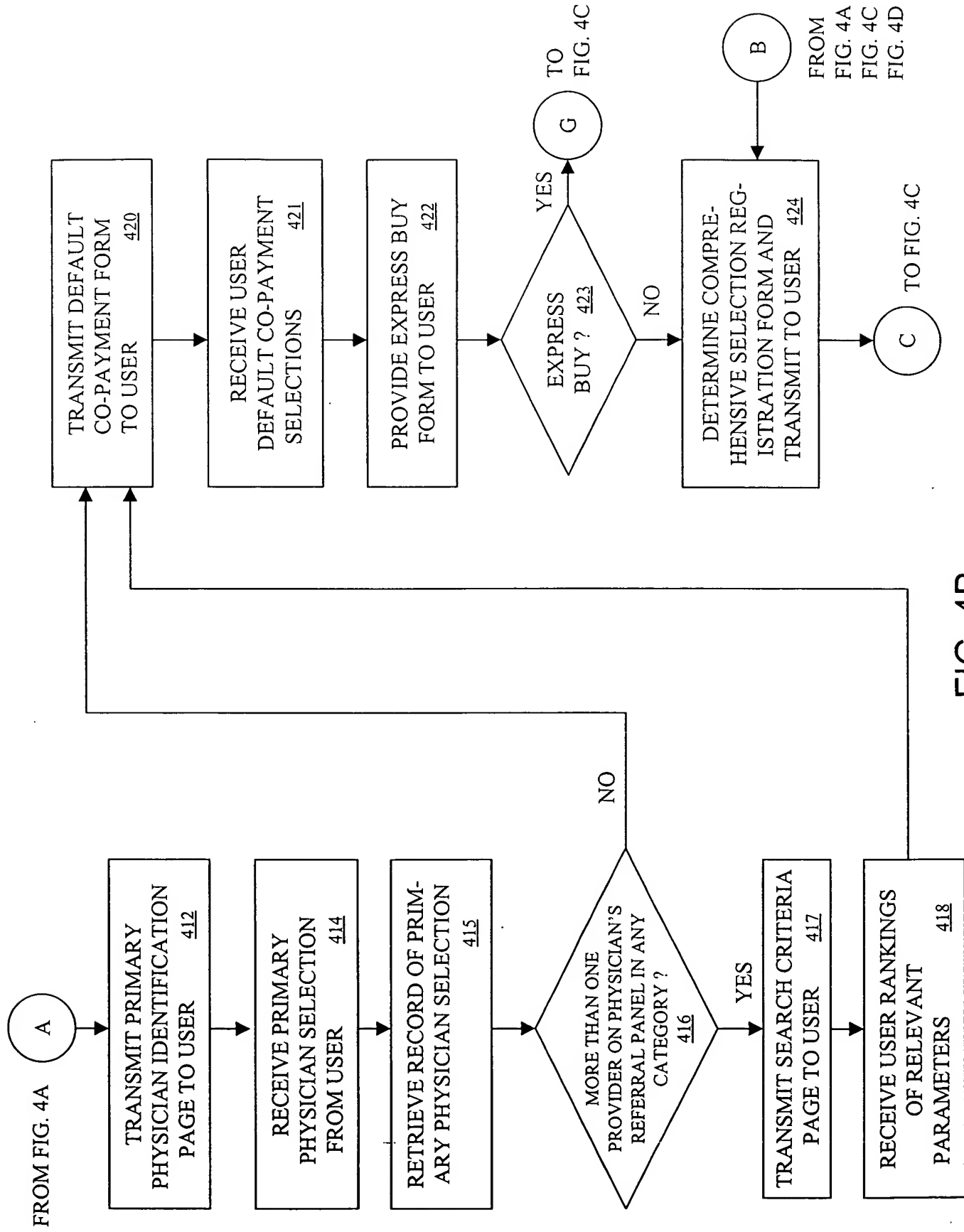


FIG. 4B

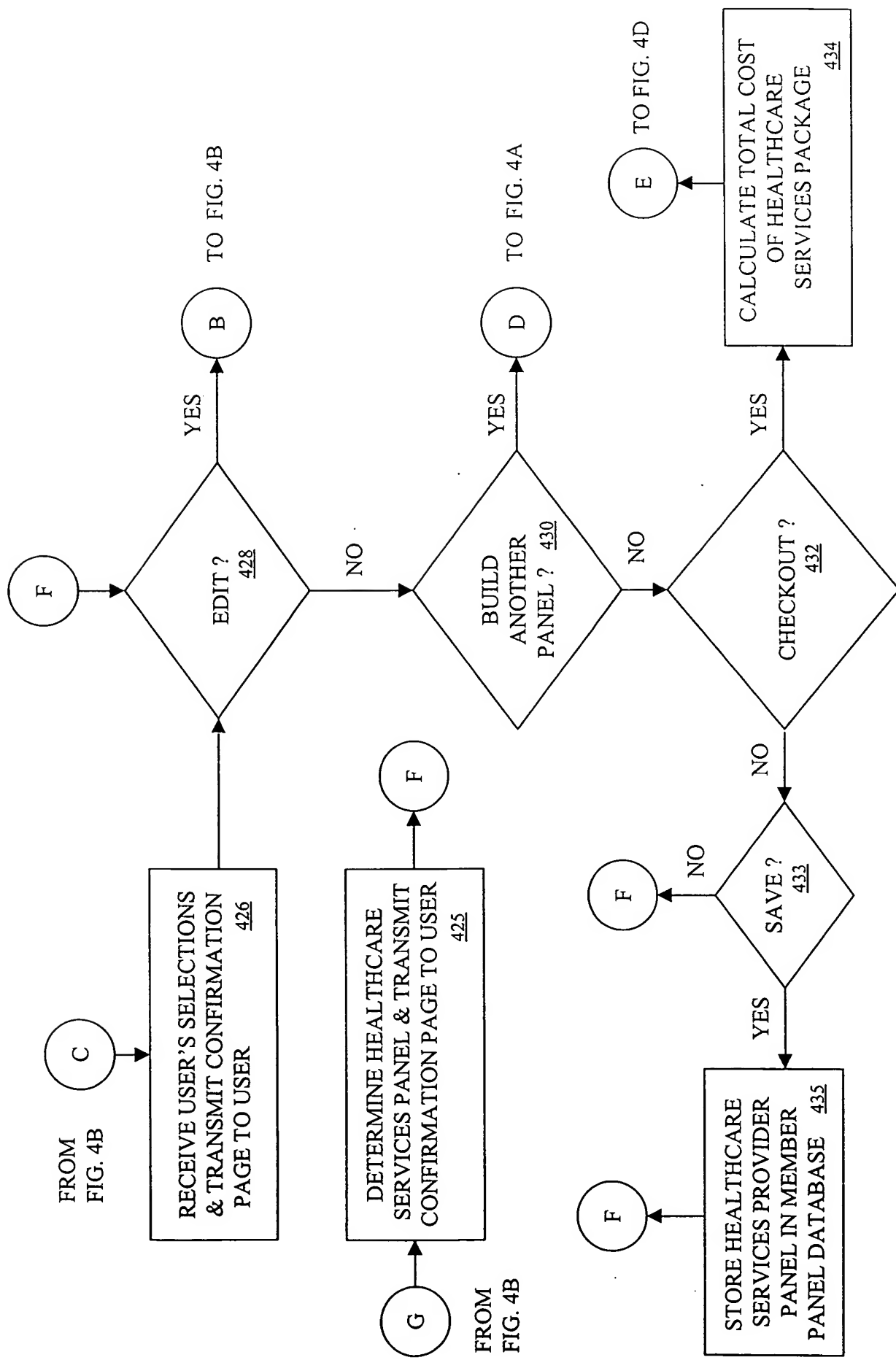


FIG. 4C

FROM FIG. 4C

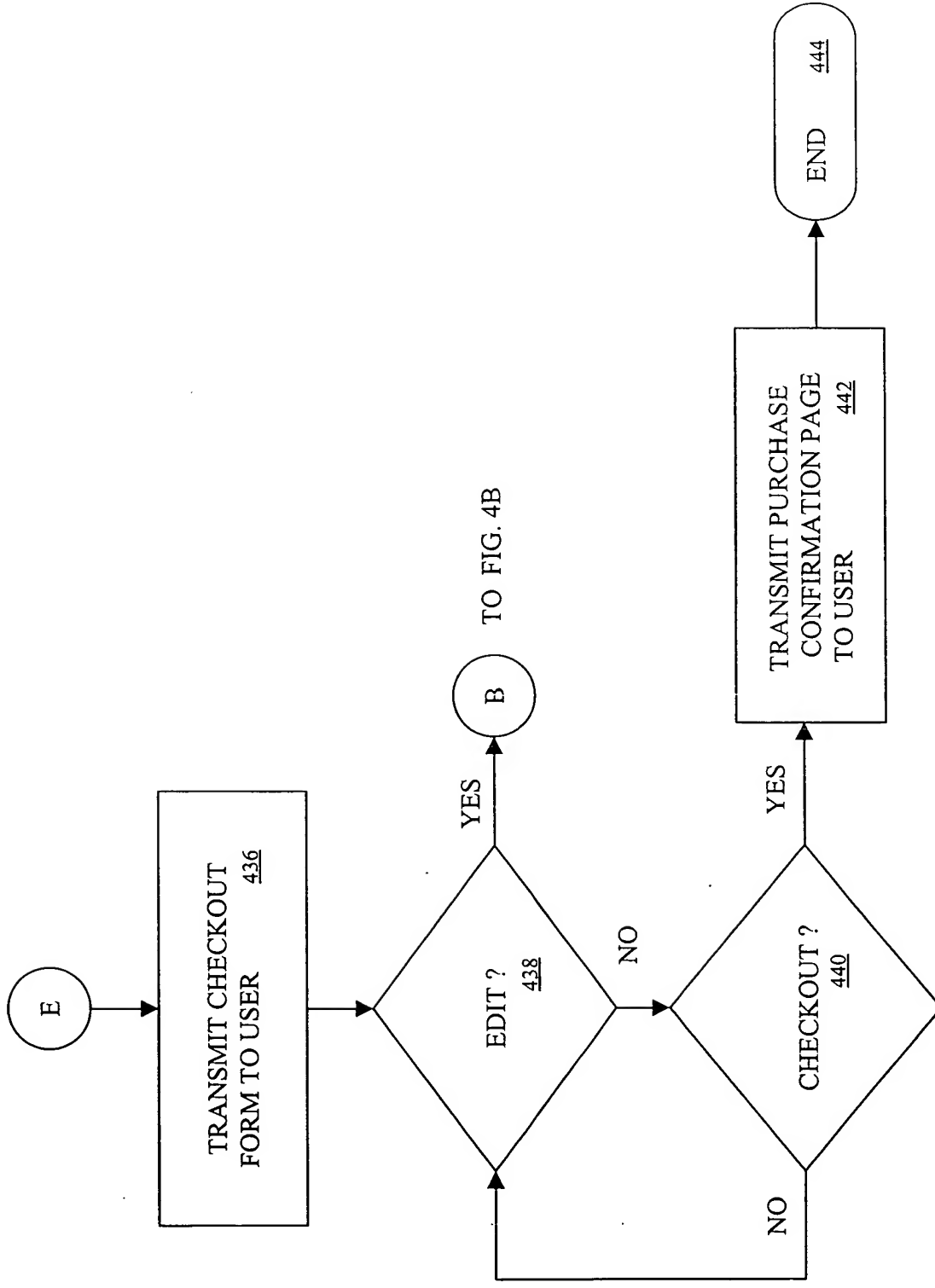
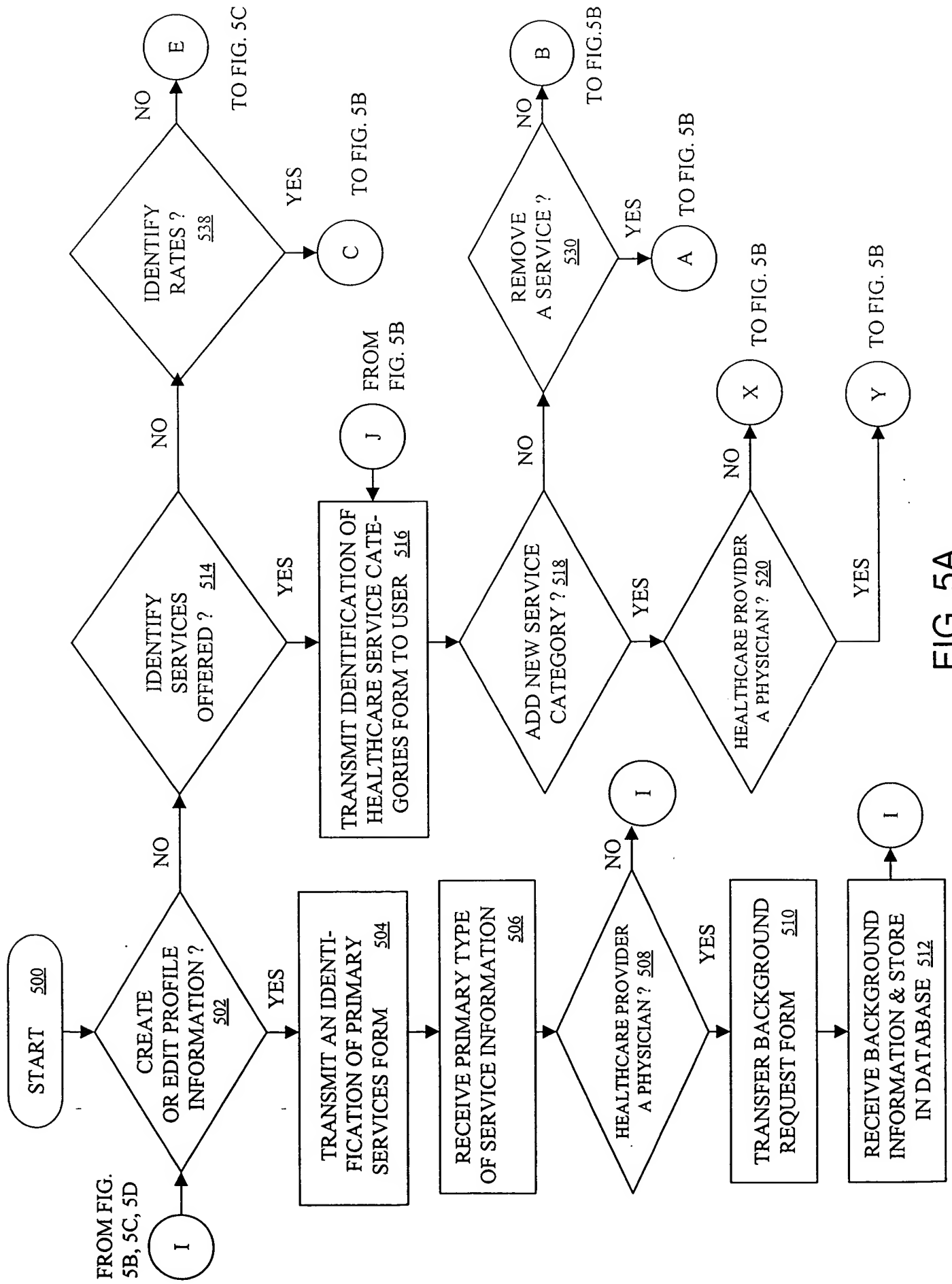


FIG. 4D



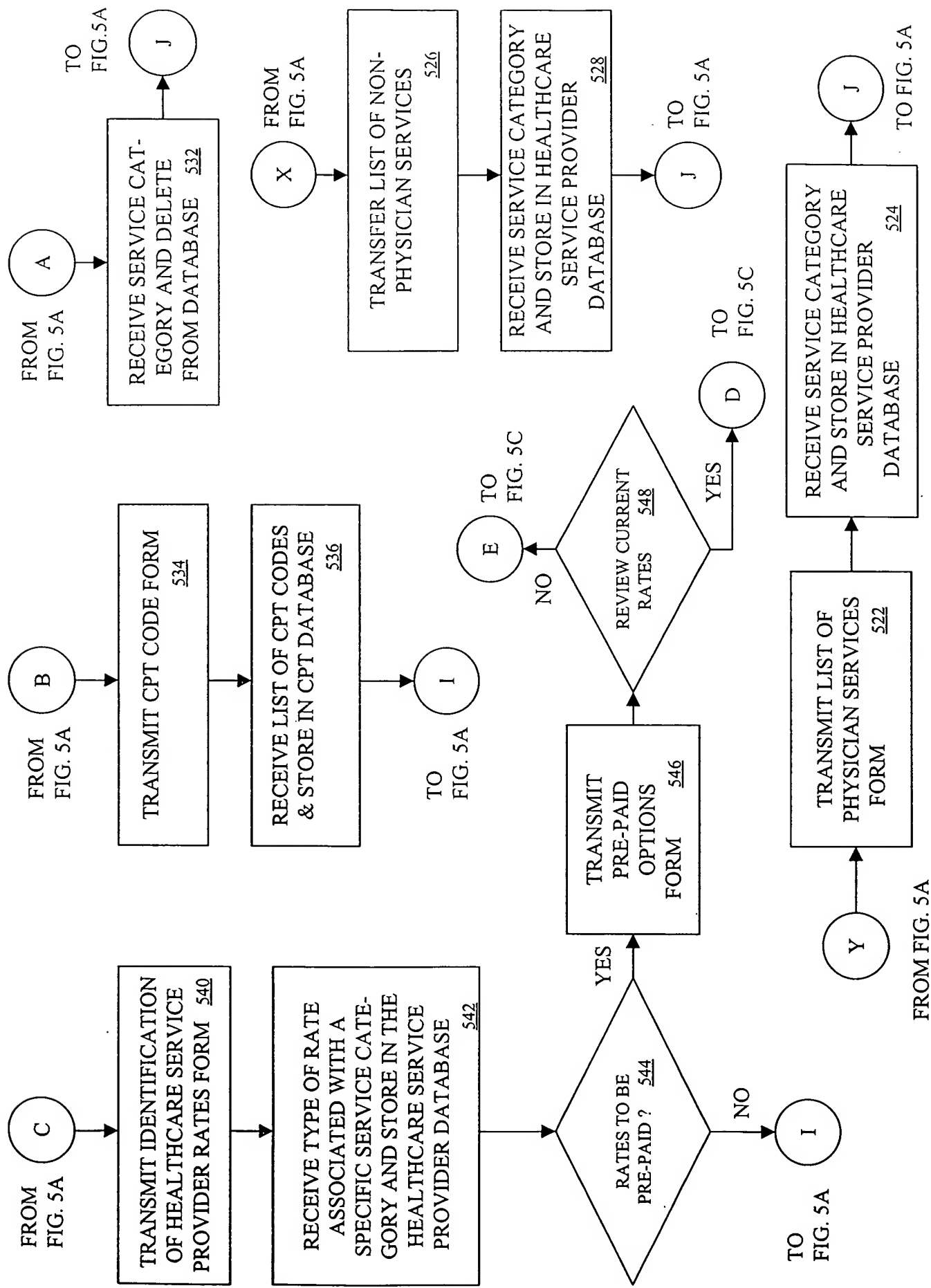


FIG. 5B

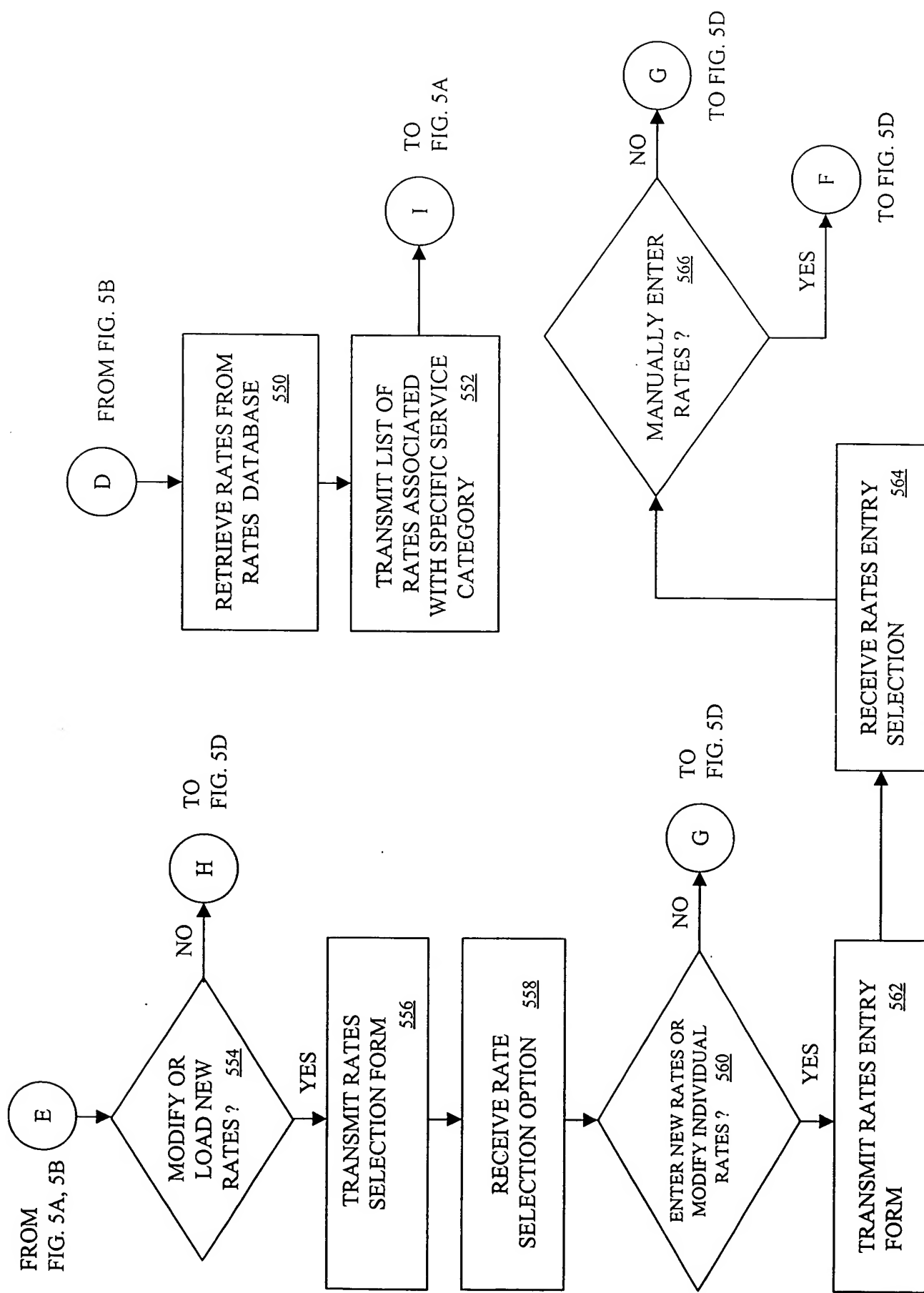


FIG. 5C

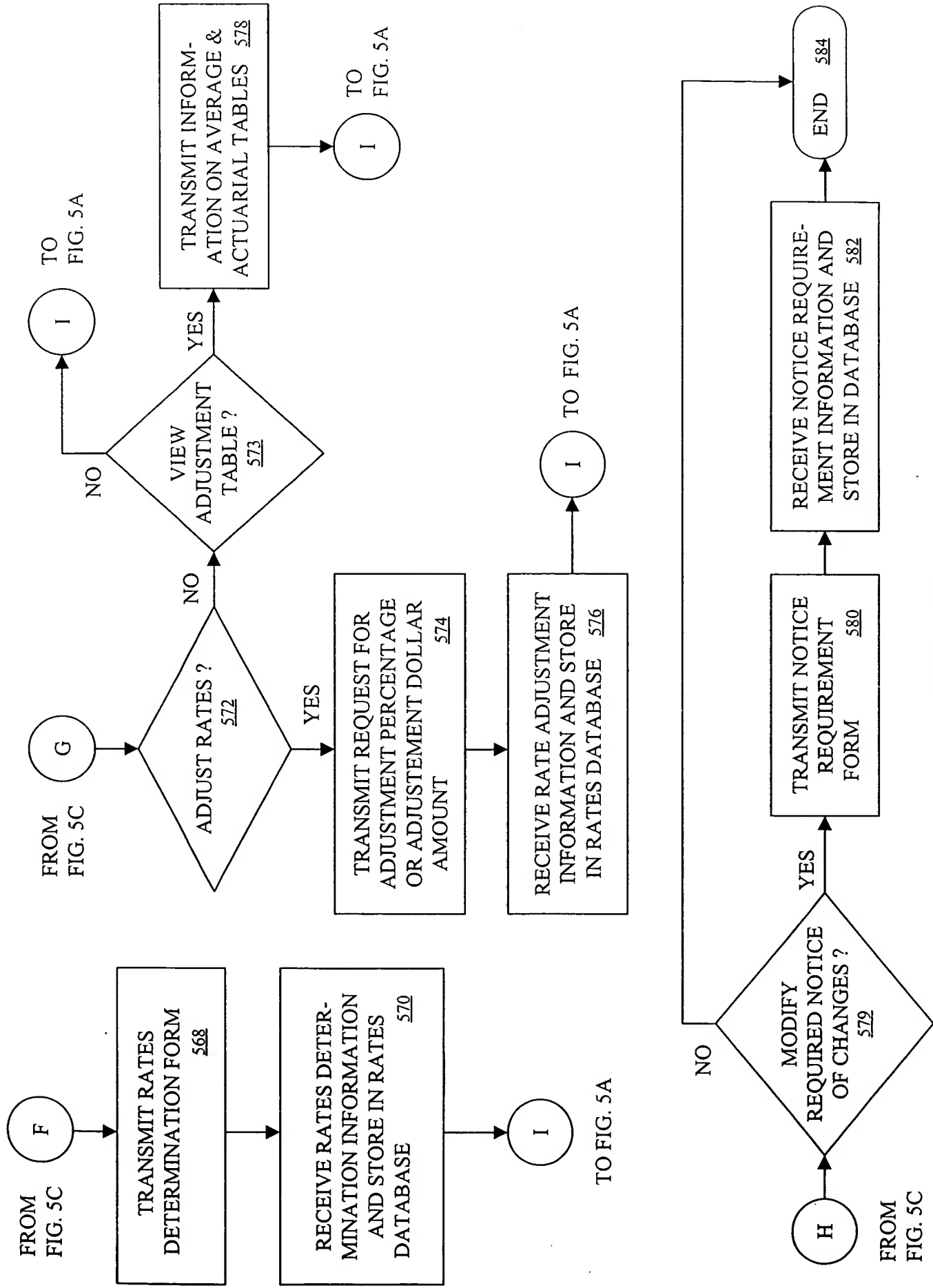


FIG. 5D

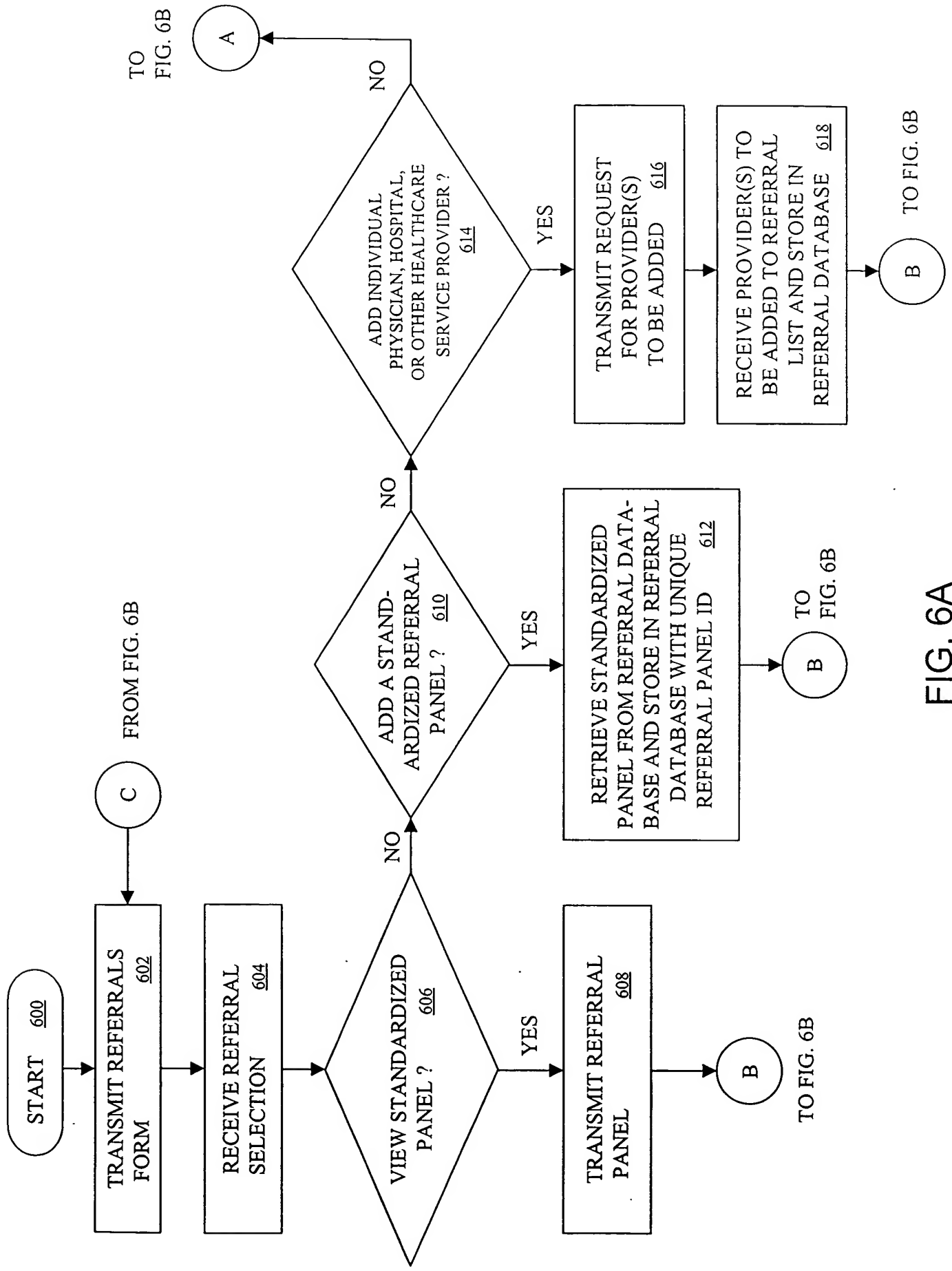


FIG. 6A

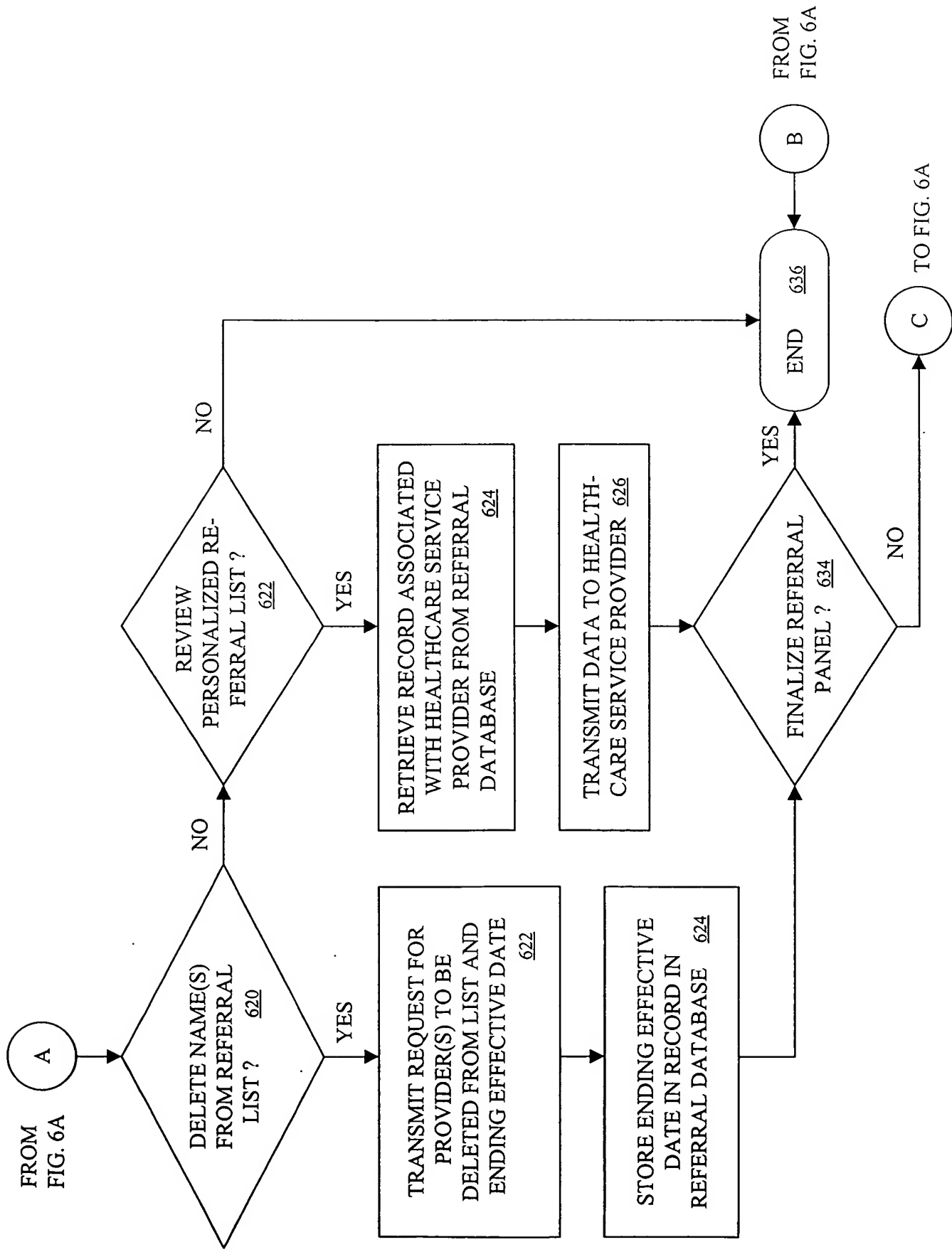


FIG. 6B

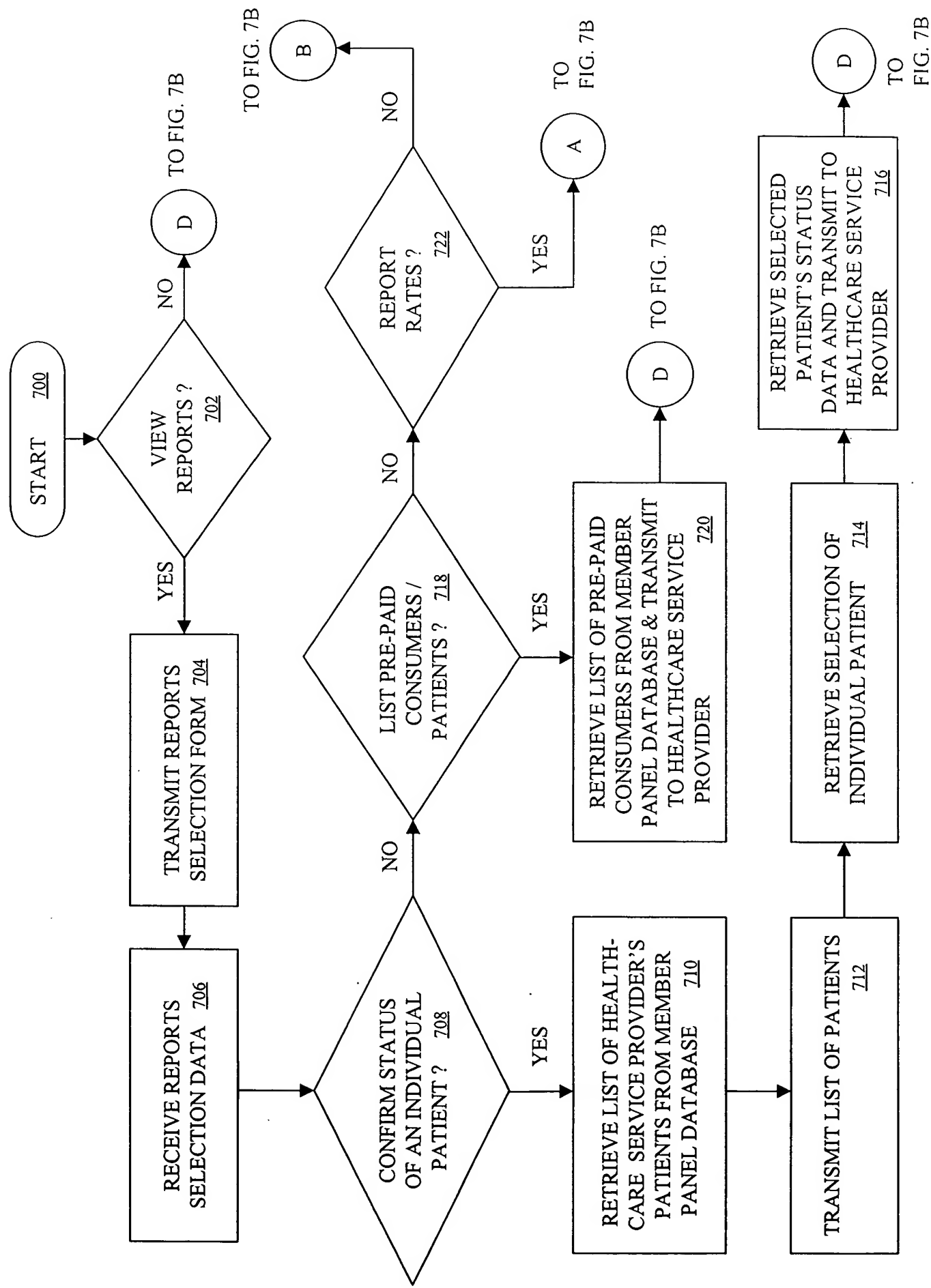
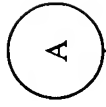


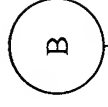
FIG. 7A

FROM FIG. 7A



RETRIEVE LIST OF HEALTHCARE
SERVICE PROVIDER RATES
FROM RATES DATABASE AND
TRANSMIT TO HEALTHCARE
SERVICE PROVIDER 724

FROM FIG. 7A



RECEIVE
SUMMARY REPORT ?
726

YES

TRANSMIT REQUEST TO INDICATE IF
HEALTHCARE SERVICE PROVIDER
WOULD LIKE A SUMMARY REPORT OF
MONTHLY RATE INFORMATION OR PRE-
PAID CONSUMER INFORMATION 727

RECEIVE SELECTION AND RETRIEVE
THE APPROPRIATE SUMMARY REPORT
DATA FROM THE DATABASE 728

TRANSMIT DATA TO HEALTHCARE
SERVICE PROVIDER 730

END

736

D

FROM
FIG. 7A

FIG. 7B

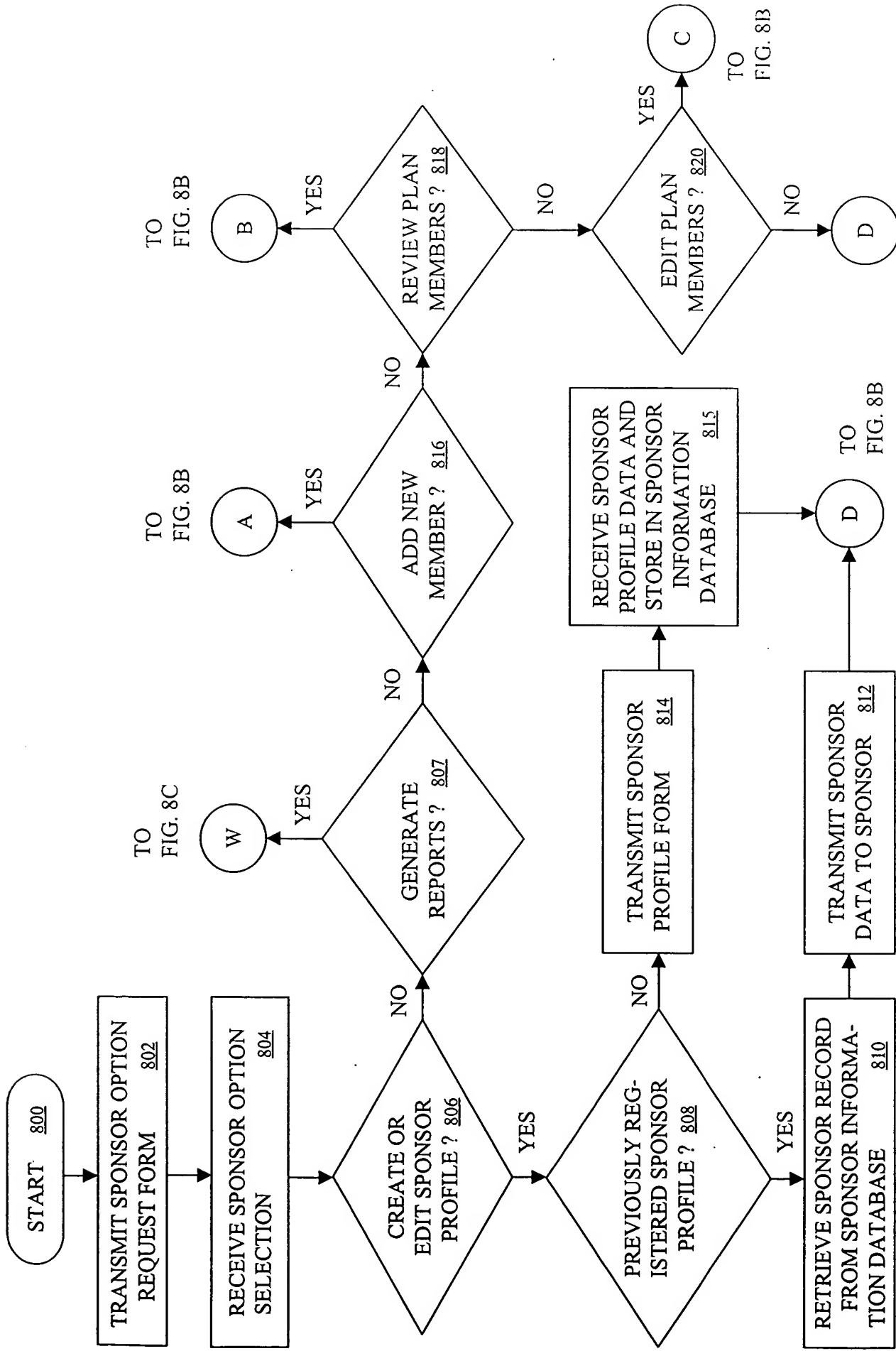
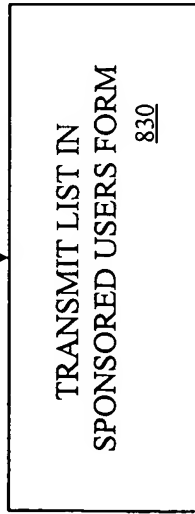
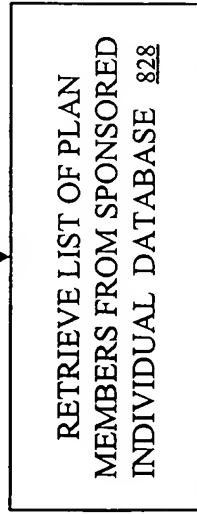
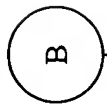
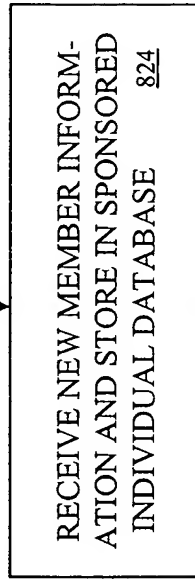
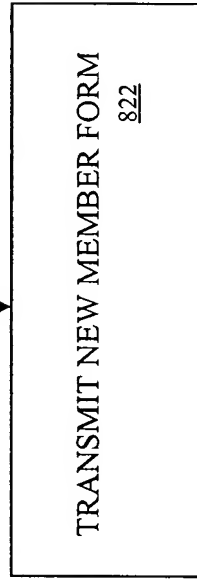
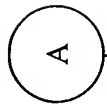


FIG. 8A

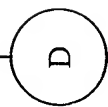
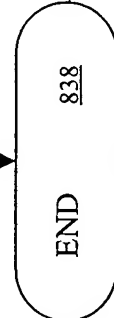
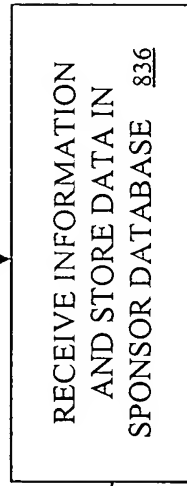
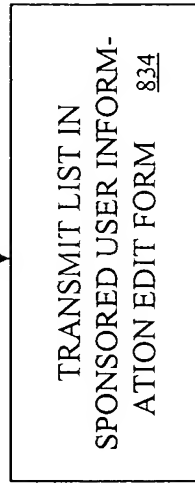
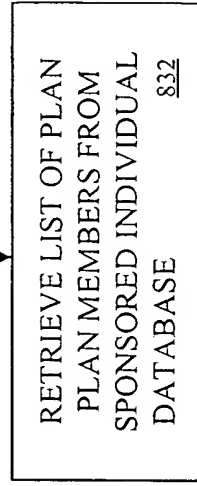
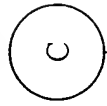
FROM FIG. 8A



FROM FIG. 8A



FROM FIG. 8A



FROM FIG. 8A, 8C

FIG. 8B

FROM FIG. 8A

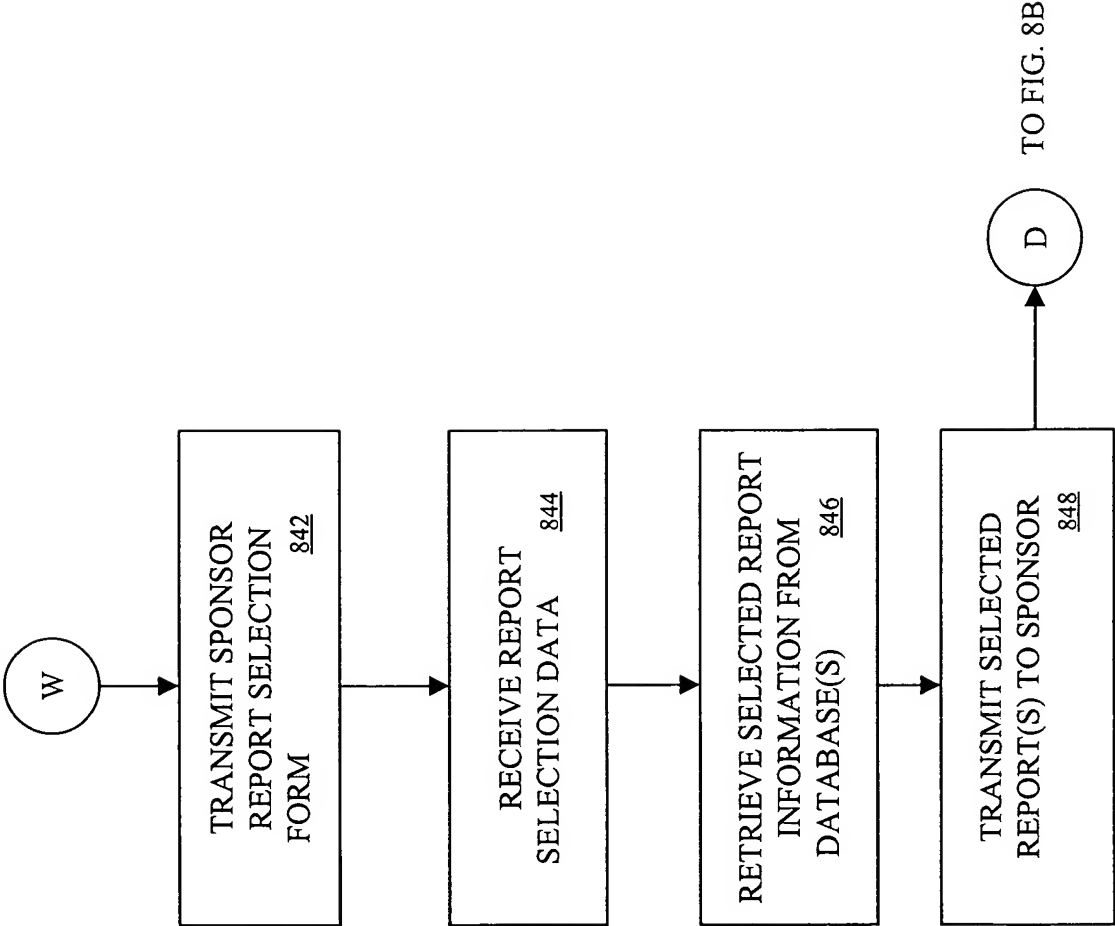


FIG. 8C

MEMBER PANEL DATABASE 900

MEMBER ID 905	NAME (First / Middle / Last) 907	PANEL ID 908	CATEGORY 910	PROVIDER ID 915	CO-PAYMENT 920	RATE TYPE - PRE-PAID/FFS (P/F) 923	RATE 925	BEGINNING EFFECTIVE DATE (MM/DD/YYYY) 930	ENDING EFFECTIVE DATE (MM/DD/YYYY) 935
1001	Jenny / Lee / Jones	2002	Primary Care Internal Medicine	87654321	\$ 20	P	\$ 60	11/01/1999	10/31/2000
1001	Jenny / Lee / Jones	2002	Dentist	86003201	\$ 20	P	\$ 8.95	11/01/1999	10/31/2000
1001	Jenny / Lee / Jones	2002	Opthamology	31733258	\$ 20	P	\$ 4.27	11/01/1999	10/31/2000

FIG. 9

REGISTRATION DATABASE 1000

LOG-IN IDENTIFIER 1005	PASSWORD 1010	COOKIE? (Y/N) 1015	E-MAIL ADDRESS 1020	HOME ZIP CODE 1025	CATEGORIZATION (U/HP/S) 1030
john_jones	cubsfan	Y	jjones@email.com	60201	U
patch_adams	drfunny	N	patch@barnes.com	63112	HP
robert_m_blind	policy	N	robmblind@tinsurance.com	60666	S
little_boo	toothman	Y	lilboo@abcedental.com	53402	HP
john_anderson	jayhawk	N	anderj@hotmail.com	10019	HP
mifune_go	need4speed	Y	speed@racecox.com	46224	S
wizigco	inventor	Y	wizig@aol.com	66211	S
cut_up	strams#1	N	butcher@barnes.com	63112	HP
slow-hand	longhorn	N	akers@barnes.com	63112	HP

FIG. 10

SPONSOREE DATABASE 1100

LOG-IN IDENTIFIER <u>1105</u>	ZIP CODE <u>1110</u>	SPONSOR TYPE (U/E/H) <u>1115</u>	SPONSOR ID CODE <u>1120</u>	SPONSOREE ID CODE <u>1125</u>	# ON ACCOUNT <u>1130</u>	SPONSOREE BUDGET <u>1140</u>
john_jones	66211	E	Wizig & Company	3452112	3	5000
sandra_smith	66209	H	Tifosi Life Co.	397876	1	5000
jack_horner	60609	H	Tifosi Life Co.	6216110	2	5000

1150
1160
1170

FIG. 11

MEMBER DEMOGRAPHICS DATABASE 1200

LOG-IN IDENTIFIER 1205	NAME (First / Middle / Last) 1210	MEMBER ID 1211	PANEL ID 1213	DOB (MM/DD / YYYY) 1215	SSN 1220	RELATION 1225	GENDER (M/F) 1230	SPONSOREE ID 1240
john_jones	John / Michael / Jones	1000	2000	06 / 12 / 1963	123457899	SELF	M	3452112
john_jones	Jenny / Lee / Jones	1001	2002	08 / 18 / 1964	123457991	SPOUSE	F	3452112
john_jones	Julia / Lynn / Jones	1002	2007	04 / 13 / 1992	123457992	CHILD	F	3452112

1250

1260

1270

FIG. 12

PHYSICIAN BACKGROUND DATABASE 1700

LOG-IN IDENTIFIER 1705	PHYSICIAN NAME 1710	EDUCATION / TRAINING 1715	BOARD CERTS 1720	OFFICE LOCATION 1725	OFFICE HOURS 1730	MEDICAL GRP PTRS 1735	PROVIDER ID 1740
patch_adams	PATCH A. ADAMS, MD	MD - Univ. of Penn, Internal Med. Res. At Duke University	NONE	2335 Kingshighway St. Louis, MO 63112	M - TR (8:30a - 3p)	Harold Butcher John Akers	87654321
cut_up	HAROLD BUTCHER, MD	MD - Univ. of No-where, Surgery Res. At Tulane Univ.	NONE	2335 Kingshighway St. Louis, MO 63112	M - TR (8:30a - 3p)	Patch Adams John Akers	87666333
slow-hand	JOHN AKERS, MD	MD - Univ. of Texas, Surgery Res. At Washington Univ.	NONE	2335 Kingshighway St. Louis, MO 63112	M - TR (8:30a - 3p)	Patch Adams Harold Butcher	994444271

FIG. 17

RATES DATABASE 1800

LOG-IN IDENTIFIER 1805	PROVIDER ID 1810	CATEGORY 1815	RATE TYPE - PRE-PAID/FFS (P/F) 1817	AGE CAT. 1820	MONTHLY RATE (Male) 1825	MONTHLY RATE (Female) 1830	CO- PAYMENT 1835	BEGINNING EFFECTIVE DATE (MM/DD/YYYY) 1840	ENDING EFFECTIVE DATE (MM/DD/YYYY) 1845
patch_adams	87654321	Primary Care Internal Medicine	P	0 - 4	\$ 20	\$ 22	\$ 15	10/01/1999	01/01/9999
patch_adams	87654321	Primary Care Internal Medicine	P	5 - 9	\$ 23	\$ 27	\$ 15	10/01/1999	01/01/9999
patch_adams	87654321	Primary Care Internal Medicine	P	40 - 44	\$ 60	\$ 63	\$ 20	10/01/1999	01/01/9999

FIG. 18

REFERRAL DATABASE 1900

LOG-IN IDENTIFIER 1905	REFERRER PROVIDER ID 1908	BEGINNING EFFECTIVE DATE (MM/DD/YYYY) 1910	ENDING EFFECTIVE DATE (MM/DD/YYYY) 1915	CATEGORY 1920	PROVIDER NAME 1925	REFERREE PROVIDER ID 1930	REFERRAL PANEL ID 1935
patch_adams	87654321	10/01/1999	10/01/9999	Primary Care Internal Medicine	PATCH ADAMS, MD	87654321	321
patch_adams	87654321	10/01/1999	10/01/9999	Cardiology	MARISSA WIZIG, MD	60771359	321
patch_adams	87654321	10/01/1999	10/01/9999	Gynecology	JOHN ANDERSON, MD	99776655	321
patch_adams	87654321	10/01/1999	10/01/9999	Dermatology	JERALD SKLAR, MD	304659413	321
patch_adams	87654321	10/01/1999	10/01/9999	Inpatient Hospital	GENERAL HOSPITAL	209413994	321

FIG. 19

HEALTHCARE SERVICE PROVIDER DATABASE 1300

LOG-IN IDENTIFIER 1305	CATEGORY 1310	SERVICE TYPE 1315	PROVIDER ID 1320	BEGINNING EFFECTIVE DATE (MM/DD/YYYY) 1325	ENDING EFFECTIVE DATE (MM/DD/YYYY) 1330	RATE TYPE - PRE-PAID/FFS (P/F) 1335	PRE-PAID MONTH'S NOTICE 1340	FFS MONTH'S NOTICE 1345
patch_adams	Primary Care Internal Medicine	Physician	87654321	10/01/1999	01/01/9999	P	1	1
little_boo	Dentist	Physician	86003201	10/07/1999	01/01/9999	P	2	1
john_anderson	Gynecology	Physician	99776655	10/15/1999	01/01/9999	P	4	1

FIG. 13

SPONSOR INFORMATION DATABASE 1400

LOG-IN IDENTIFIER 1405	SPONSOR NAME 1410	ADDRESS 1420	CONTACT NAME 1425	CONTACT PHONE # 1430	E-MAIL ADDRESS 1435	TYPE OF SPONSOR (E/H/S/O) 1440	SPONSOR ID CODE 1445
mifune_go	Race Co X Mfg.	1 Cartoon Way Race City, IN 46224	Trixie Racer	3175556224	speed@ racecox.com	E	RACECOX
robert_m_blind	Tifosi Life Co.	PO Box 1 Maranello, IL 60666	Robert M. Blind	3125555431	robmblind@ tinsurance.com	H	TIFOSILIFECO
wizigco	Wizig & Company	1211 W 17 ST Hometown, KS 66211	Howard Wizig	9135552112	wizig@aol.com	E	WIZIG&CO

1450

1460

1470

FIG. 14

SPONSORED INDIVIDUAL DATABASE 1500

SPONSOR ID CODE 1505	SUB-SPONSOR ID 1510	SPONSOREE ID 1515	SPONSOREE NAME 1520	CONTRIBUTION 1525	INITIAL PASSWORD 1530
WIZIG&CO	WIZIG&CO	3452112	JOHN MICHAEL JONES	5000	JMJ2112
WIZIG&CO	WIZIG&CO	3452122	HAYLEY CLAIRE LYNN	5000	HCL2112
WIZIG&CO	WIZIG&CO	3452132	MARISSA LYNN HOWARD	5000	MLH2132

FIG. 15

CPT DATABASE 1600

LOG-IN IDENTIFIER 1605	PROVIDER ID 1610	CATEGORY 1615	CPT CODE 1620	BEGINNING EFFECTIVE DATE (MM/DD/YYYY) 1625	ENDING EFFECTIVE DATE (MM/DD/YYYY) 1630
patch_adams	87654321	PRIMARY CARE INTERNAL MEDICINE	99201	10/01/1999	01/01/9999
patch_adams	87654321	PRIMARY CARE INTERNAL MEDICINE	99211	10/01/1999	01/01/9999
patch_adams	87654321	PRIMARY CARE INTERNAL MEDICINE	99212	10/01/1999	01/01/9999

1650

1660

1670

FIG. 16

Are you a:

- ☐ Consumer/Purchaser
Number of Family Members (including yourself)
- ☐ Physician, Hospital, or other Healthcare Provider
- ☐ Sponsor (Employer, Insurance Carrier, Etc.)

Select your User ID:

Select your Password:

Your E-mail Address:

Your Home ZIP Code:

☐ Check Here if you would like to save this information on your PC ("Cookies")

PREVIOUS

NEXT

FIG. 20

Please enter the following information for you and your plan members:

First Name	Middle Name	Last Name	Date of Birth	Gender		Relation		
				Male	Female	Self	Spouse	Child
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="/"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="/"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="/"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>

PREVIOUS

NEXT

FIG. 21

Who is sponsoring your purchase?

- ☐ Self
Please enter an annual amount that you would like to budget on a healthcare services package \$
(enter 0 if you are seeking price estimates)
- ☐ Employer
- ☐ Insurer, HMO, or other Healthcare Administrator

PREVIOUS

NEXT

FIG. 22

Please enter the following information:

Employer ID Code:

Your Employee ID Code:

Your Employee ID Password:

(Search)

PREVIOUS

NEXT

FIG. 23

Your Name: JOHN MICHAEL JONES

Your Employer: WIZIG & COMPANY

Total Employer Contribution Available: \$5,000.00

PREVIOUS

NEXT

FIG. 24

Select the Person for whom you want to build/modify a healthcare panel (you may select more than one name if they want to share the same panel):

- ☐ JOHN MICHAEL JONES
- ☐ JENNY LEE JONES
- ☐ JULIA LYNN JONES

PREVIOUS

NEXT

FIG. 25

JENNY LEE JONES

How do you want to build your healthcare panel:

Let me start with a panel built around my chosen Primary Physician

Let me start with a panel built around my chosen Hospital

Let me start with the lowest cost

Let me build a customized panel

PREVIOUS

NEXT

FIG. 26

JENNY LEE JONES

Primary Physician Selection:

PATCH A ADAMS, M.D. ▼ (More Information)

SELECT

SEARCH:

Name	ZIP Code	Distance	Value	Price	Hospital Affiliation
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

SEARCH

FIG. 27

Next to each category you will see a list of the healthcare providers named by your Primary Physician. In some categories, the Primary Physician you selected has named more than one healthcare provider. We will sort these names for you, based on criteria you select below, and the name best matching your criteria will be listed first. You can use the drop down menu next to the category to see the other providers named by your chosen Primary Physician, or you can use your own criteria to search for additional providers (who were not named by your Primary Physician). You can always select "none" if you do not want to pre-purchase services in that category.

Search Criteria:

Priority				
1	2	3	4	5
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Distance (miles)			<div>WITHIN 5 MILES ▼</div>	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Distance (time)			<div>WITHIN 15 MINUTES ▼</div>	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Value			<div>TOP 5% ▼</div>	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Price			<div>LOWEST PRICE ▼</div>	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hospital Affiliation			<div>GENERAL HOSPITAL ▼</div>	

If your selected Primary Physician did not name a provider in a category do you want us to use the same criteria to that you selected above to identify a provider for you?

☐ Yes ☐ No

PREVIOUS

NEXT

FIG. 28

Select your default Co-payment that will be loaded, for your convenience, in each category. You may always use the drop-down menu on the next page to select a different co-payment in any healthcare category.

\$15

▼

If the default co-payment that you selected above is not available in one (or more) of the healthcare categories, would you like us to choose the closest available co-payment? You will always be able to use the drop down menu on the next page to select a different co-payment in any healthcare category.

- ☐ Yes, (Break a tie by going to the next lower co-payment)
- ☐ Yes, (Break a tie by going to the next higher co-payment)
- ☐ No, leave it blank and I will select the co-payment

PREVIOUS

NEXT

FIG. 29

JENNY LEE JONES

PRIMARY CARE PHYSICIAN:	PATCH A. ADAMS, M.D. ▼	(Search) (More Info)	Co-payment \$ 20.00 ▼
INPATIENT HOSPITAL:	GENERAL HOSPITAL ▼	(Search) (More Info)	\$ 500.00 ▼
OBSTETRICIAN:	NONE ▼	(Search) (More Info)	NOT APPL. ▼
GYNECOLOGIST: (excludes Obstetrics)	JOHN ANDERSON, M.D. ▼	(Search) (More Info)	\$ 20.00 ▼
CARDIOLOGIST:	MARISSA WIZIG, M.D. ▼	(Search) (More Info)	\$ 20.00 ▼
DERMATOLOGIST:	JERALD SKLAR, M.D. ▼	(Search) (More Info)	\$ 20.00 ▼
UROLOGIST:	NEAL MATTHIEW, D.O. ▼	(Search) (More Info)	\$ 20.00 ▼
EMERGENCY ROOM:	ST. ANYWHERE E.R. ▼	(Search) (More Info)	\$ 20.00 ▼
PHARMACY:	DIANE'S DRUGS ▼	(Search) (More Info)	\$ 20.00 ▼
DENTAL:	HAYLEY WIZIG, D.D.S. ▼	(Search) (More Info)	\$ 20.00 ▼
VISION:	BETH OLIAK, M.D. ▼	(Search) (More Info)	\$ 20.00 ▼
UMBRELLA POLICY:	TIFOSI LIFECO ▼	(Search) (More Info)	\$ 2,000.00 ▼

TOTAL BUDGET REMAINING \$ 2,975.00	THIS PANEL'S SUB-TOTAL \$ 2,025.00	INCREASE (DECREASE) DUE TO LAST MODIFICATION (\$ 123.99)
---	---	---

PREVIOUS

NEXT

FIG. 30

JENNY LEE JONES

Below is the list of physicians, hospitals, and other healthcare providers that have been selected:

PRIMARY CARE PHYSICIAN:	PATCH A. ADAMS, M.D.	(Search)	(More Info)	\$ 20.00
INPATIENT HOSPITAL:	GENERAL HOSPITAL	(Search)	(More Info)	\$ 500.00
OBSTETRICIAN:	NONE	(Search)	(More Info)	NOT APPL.
GYNECOLOGIST: (excludes Obstetrics)	JOHN ANDERSON, M.D.	(Search)	(More Info)	\$ 20.00
CARDIOLOGIST:	MARISSA WIZIG, M.D.	(Search)	(More Info)	\$ 20.00
DERMATOLOGIST:	JERALD SKLAR, M.D.	(Search)	(More Info)	\$ 20.00
UROLOGIST:	NEAL MATTHEW, D.O.	(Search)	(More Info)	\$ 20.00
EMERGENCY ROOM:	ST. ANYWHERE E.R.	(Search)	(More Info)	\$ 20.00
PHARMACY:	DIANE'S DRUGS	(Search)	(More Info)	\$ 20.00
DENTAL:	HAYLEY WIZIG, D.D.S.	(Search)	(More Info)	\$ 20.00
VISION:	BETH OLIAK, M.D.	(Search)	(More Info)	\$ 20.00
UMBRELLA POLICY:	TIFOSI LIFE CO	(Search)	(More Info)	\$ 2,000.00

EDIT

SAVE
WITHOUT
CHECKING OUT

BUILD THE PANEL
FOR ANOTHER
FAMILY MEMBER

CHECKOUT

FIG. 31

	Monthly	Annual
Total Budget	\$ 416.67	\$ 5,000.00
Total Price of Each Panel:		
JOHN MICHAEL JONES	\$ 195.65	\$ 2,347.80
JENNY LEE JONES	\$ 168.75	\$ 2,025.00
JULIA LYNN JONES	\$ 47.02	\$ 564.24
Total	\$ 411.42	\$ 4,937.04
Balance	\$ 5.25	\$ 62.96

CHECKOUT

EDIT

FIG. 32

YOUR PURCHASE HAS BEEN COMPLETED

Please print this page

Below is the list of physicians, hospitals, and other healthcare providers that have been selected:

JENNY LEE JONES

PRIMARY CARE PHYSICIAN:

INPATIENT HOSPITAL:

OBSTETRICIAN:

GYNECOLOGIST (excludes Obstetrics):

CARDIOLOGIST:

DERMATOLOGIST:

UROLOGIST:

EMERGENCY ROOM:

PHARMACY:

DENTAL:

VISION:

UMBRELLA POLICY:

Co-payment	
\$ 20.00	PATCH A. ADAMS, M.D.
\$ 500.00	GENERAL HOSPITAL
NOT APPLICABLE	NONE
\$ 20.00	JOHN ANDERSON, M.D.
\$ 20.00	MARISSA WIZIG, M.D.
\$ 20.00	JERALD SKLAR, M.D.
\$ 20.00	NEAL MATHIEW, M.D.
\$ 20.00	ST. ANYWHERE E.R.
\$ 20.00	DIANE'S DRUGS
\$ 20.00	HAYLEY WIZIG, D.D.S.
\$ 20.00	BETH OLIAK, M.D.
\$2,000.00	TIFOSI LIFEKO

PRINT

HOME

Please select one of the following options:

- ☐ Profile Information - Create or Update profile information
- ☐ Identify Services Offered
- ☐ Review, Load or Update your Rates
- ☐ Load or Update your Referral List
- ☐ Reports

PREVIOUS

NEXT

FIG. 34

Please identify the Primary type of service that you provide:

- ☐ Physician
- ☐ Dentist
- ☐ Physical Therapist
- ☐ Social Worker
- ☐ Speech and/or Language Therapist
- ☐ Other Medical Practitioner
- ☐ Inpatient Hospital
- ☐ Pharmacy
- ☐ Laboratory
- ☐ Diagnostic Imaging Center
- ☐ Urgent Care Facility
- ☐ Home Health or Home Infusion Provider
- ☐ Durable Medical Equipment Provider
- ☐ Other

PREVIOUS

NEXT

FIG. 35

Enter the following information:

Educational and Training Background (Undergraduate, Medical School, Fellowship, Residency, etc)

Board Certifications

Office Locations and Hours

Medical Group Partners

UPIN Number

PREVIOUS

NEXT

FIG. 36

Identify Service Category(s):

- CARDIOVASCULAR AND THORACIC SURGERY
- PRIMARY CARE: INTERNAL MEDICINE
- ADD A NEW CATEGORY
- DELETE A CATEGORY

PREVIOUS NEXT

FIG. 37

Select the new service category in which you would like to offer Physician Services:

- | | |
|---|--|
| <input type="radio"/> Allergy and Immunology | <input type="radio"/> Neonatology |
| <input type="radio"/> Anesthesiology | <input type="radio"/> Nephrology |
| <input type="radio"/> Cardiovascular and Thoracic Surgery | <input type="radio"/> Neurological Surgery |
| <input type="radio"/> Cardiovascular Disease | <input type="radio"/> Neurology |
| <input type="radio"/> Chiropractic | <input type="radio"/> Nuclear Medicine |
| <input type="radio"/> Colon and Rectal Surgery | <input type="radio"/> Obstetrics |
| <input type="radio"/> Critical Care | <input type="radio"/> Ophthalmology |
| <input type="radio"/> Dermatology | <input type="radio"/> Oral and Maxillofacial Surgery |
| <input type="radio"/> Diagnostic Radiology | <input type="radio"/> Orthopedic Surgery |
| <input type="radio"/> Emergency Medicine | <input type="radio"/> Otolaryngology (ENT) |
| <input type="radio"/> Endocrinology | <input type="radio"/> Pathology |
| <input type="radio"/> Gastroenterology | <input type="radio"/> Pediatric Surgery |
| <input type="radio"/> Gynecology | <input type="radio"/> Physical Medicine and Rehabilitation |
| <input type="radio"/> Gynecologic Oncology | <input type="radio"/> Plastic and Reconstructive Surgery |
| <input type="radio"/> Hand Surgery | <input type="radio"/> Podiatry |
| <input type="radio"/> Hematology and Oncology | <input type="radio"/> Psychiatry |
| <input type="radio"/> Infectious Disease | <input type="radio"/> Psychologist |
| <input type="radio"/> Primary Care: Family Practice | <input type="radio"/> Pulmonary Disease |
| <input type="radio"/> Primary Care: General Practice | <input type="radio"/> Rheumatology |
| <input type="radio"/> Primary Care: Geriatrics | <input type="radio"/> Sports Medicine |
| <input type="radio"/> Primary Care: Internal Medicine | <input type="radio"/> Therapeutic Radiology |
| <input type="radio"/> Primary Care: Pediatrics | <input type="radio"/> Transplant Surgery |
| <input type="radio"/> Maternal and Fetal Medicine | <input type="radio"/> Urology |
| <input type="radio"/> Medical Oncology | <input type="radio"/> Vascular Surgery |

Beginning effective date of the new service category / /

[PREVIOUS](#)

[NEXT](#)

FIG. 38

Select the new service category in which you would like to offer Non-Physician Services:

- ☐ Inpatient Hospital
- ☐ Emergency Room & Urgent Care
- ☐ Pharmacy
- ☐ Radiology Centers
- ☐ Lab
- ☐ Home Infusion Therapy
- ☐ Durable Medical Equipment
- ☐ Physical Therapy
- ☐ Social Worker
- ☐ Speech and Language Pathology
- ☐ Dentist

Beginning effective date of the new service category /

[PREVIOUS](#)

[NEXT](#)

FIG. 39

The purpose of this Page is to identify the services included in your rates (by CPT Code). You must provide all of the services that you include in your rates:

- ☐ Review standardized list(s) of CPT Codes that are typically included in this service category
- ☐ Add a standardized list of CPT Codes that are typically included in this service category
(note that you may delete some of these services and/or add additional services before finalizing your list of services)
- ☐ Add individual CPT Codes (or Ranges of CPT Codes)
- ☐ Delete individual CPT Codes (or Ranges of CPT Codes)
- ☐ Review your current list CPT Codes for this service category (includes all modifications made to date)
- ☐ Effective Date of Changes
(note that changes for individual consumers that have already selected you for this service category will not become effective until the consumers next renewal date)
- ☐ Finalize your list of CPT Codes for this service category

PREVIOUS

NEXT

FIG. 40

Identify the Service Category:

- ☐ CARDIOVASCULAR AND THORACIC SURGERY
- ☐ PRIMARY CARE: INTERNAL MEDICINE

Identify the Type of Rates:

- ☐ Pre-Paid
- ☐ Fee-For-Service

PREVIOUS

NEXT

Please select one of the following options:

Review Your Current Rates

Modify or Load Rates

Modify Required Notice of Changes from Patients

PREVIOUS

NEXT

FIG. 42

Select one of the following rate options:

- ☐ Enter new rates, or modify individual rates
- ☐ Apply a single Percentage adjustment to rates (Example: add 2.00%)
Note: You may select all co-payments, or individual co-payment(s)
- ☐ Apply a dollar adjustment to rates (example: Add \$0.01 PMPM)
Note: You may select all co-payments, or individual co-payment(s)

PREVIOUS

NEXT

Please select one of the following options:

- ☐ Manually Enter Rates for each Co-payment and Age/Gender Category
- ☐ Create a set of Percentage Adjustment Tables that will develop all rates by applying a percentage adjustment to your chosen "standard" age/gender category
(example: if you set a 40-44 year old male as your "standard", then you could set the 40-44 year old female to be 105% of the 40-45 year old male rate)

☐ Tools

(Various Adjustment Tables that you may want to consider when building your Rate Tables; including free tables from BuyMedDirect.Com that reflect the straight average, weighted average, and median ratio within the service category or across categories, and including tables which can be purchased from Actuarial firms)

PREVIOUS

NEXT

FIG. 44

Select the Co-payment:

- ☐ \$ 5
☐ \$10
☐ \$15

- ☐ \$20
☐ \$25
☐ \$30

- ☐ \$35
☐ Other

Enter the Monthly Rate for Pre-paid Services per Consumer (enter a 0 if you do not offer the service to an Age/Gender category):

Age:

0-4
5-9
10-14
15-19
20-24
25-29
30-34
35-39
40-44
45-49
50-54
55-59
60-64
65-69
70-74
75-80
80-84
85-89
90 and over

Male

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Female

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PREVIOUS

SUBMIT THESE RATES - NEXT

FIG. 45

Note that all Consumers/Patients are allowed to select services at the time of Open Enrollment. However, some patients choose to change their selection within their medical plan year. Due to potential "anti-selection" concerns of some physicians, you are allowed to determine how much advance notice you require to accept a new pre-paid patient. Please recognize, however, that more restrictive your notice period, the less attractive you may be to these potential patients. As long as you continue to participate with BuyMedDirect.Com, you agree to accept new patients who provide at least 4 months notice (as defined below)

Patients with Pre-Paid Care:

How much notice do you require for patients who currently have a pre-paid physician in this category, but want you to be their chosen physician

- ☐ No Advance Notice Required
- ☐ 1 Month Notice (Change effective on the 1st day of the next Calendar Month)
- ☐ 2 Month Notice (Change effective on the 1st day of the month after the next Calendar Month)
- ☐ 3 Month Notice (Change effective on the 1st day of the month that is two months after the next Calendar Month)
- ☐ 4 Month Notice (Change effective on the 1st day of the month that is three months after the next Calendar Month)

Patients without Pre-Paid Care:

How much notice do you require for patients who currently do not have a pre-paid physician in this category

- ☐ No Advance Notice Required
- ☐ 1 Month Notice (Change effective on the 1st day of the next Calendar Month)
- ☐ 2 Month Notice (Change effective on the 1st day of the month after the next Calendar Month)
- ☐ 3 Month Notice (Change effective on the 1st day of the month that is two months after the next Calendar Month)
- ☐ 4 Month Notice (Change effective on the 1st day of the month that is three months after the next Calendar Month)

PREVIOUS

NEXT

FIG. 46

The purpose of this Page is to identify the list of physicians, hospitals, and other healthcare providers with whom you refer services. This list will be used by Consumers who seek to build their healthcare panel around your selections:

- ☐ Review standardized panel(s) such as a PHO, IPA, or the panel developed by one of your peers.
- ☐ Add a standardized referral panel
(note that you may delete or add to this list before finalizing your personalized referral panel)
- ☐ Add individual physicians, hospitals, or other healthcare providers
- ☐ Delete individual physicians, hospitals, or other healthcare providers
- ☐ Review your personalized referral panel (includes all modifications made to date)
- ☐ Finalize your personalized referral panel

[PREVIOUS](#)

[NEXT](#)

FIG. 47

Please select one of the following options:

☐ Confirm status of an Individual Patient

List Pre-Paid Consumers/Patients:

- ☐ All Current Consumers/Patients
- ☐ New Consumers/patients
- ☐ Terminated Consumers/Patients
- ☐ Consumers/Patients in a Prior Month

☐ Report Rates

Summary Report of:

- ☐ Monthly Rate Information by Age/Gender/Co-payment
- ☐ Monthly Rate Information by Age/Gender
- ☐ Monthly Rate Information by Co-payment
- ☐ Prepaid Consumers by Age/Gender/Co-payment
- ☐ Prepaid Consumers by Age/Gender
- ☐ Prepaid Consumers by Co-payment

PREVIOUS

NEXT

FIG. 48

Please select one of the following options:

- ☐ Profile Information - Create or Update profile information
- ☐ Generate Reports
- ☐ Add, Review or Edit Sponsored Plan Members and Contributions
 - ☐ Add a New Plan Member; Number to be added:
 - ☐ Review Plan Members
 - ☐ Edit Plan Members

PREVIOUS

NEXT

FIG. 49

Enter the following information:

Sponsor Name

Sponsor Address

Contact Name

Contact Phone Number

Type of Sponsor:

☐ Insurer

☐ Employer

☐ Other

Sponsor ID Code

PREVIOUS

NEXT

FIG. 50

Please review the following list of sponsored plan members:

<u>Name of Plan Member</u>	<u>Sponsor Contribution</u>	<u>Sub-Sponsor or Employer ID Code</u>	<u>Sponsee ID Code</u>	<u>Initial Sponsee ID Password</u>
JOHN MICHAEL JONES	\$ 5,000.00	Wizig&Company	3452112	abdfgi97
HAYLEY CLAIRE LYNN	\$ 5,000.00	Wizig&Company	3452122	bcdfigi97
MARISSA LYNN HOWARD	\$ 5,000.00	Wizig&Company	3452132	dhdfigi97
<div>PREVIOUS</div>		<div>NEXT</div>		

FIG. 51

Please use the form below to add sponsored plan members:

<u>Name of Plan Member</u>	<u>Sponsor Contribution</u>	<u>Sub-Sponsor or Employer ID Code</u>	<u>Sponsoree ID Code</u>	<u>Initial Sponsoree ID Password</u>
<input type="text"/>	\$ <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	\$ <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	\$ <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	\$ <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

PREVIOUS

NEXT

FIG. 52

Please edit the following list of sponsored plan members:

<u>Name of Plan Member</u>	<u>Sponsor Contribution</u>	<u>Sub-Sponsor or Employer ID Code</u>	<u>Sponsoree ID Code</u>	<u>Initial Sponsoree ID Password</u>
JOHN MICHAEL JONES	\$ 5,000.00	Wizig&Company	3452112	abdfgi97
HAYLEY CLAIRE LYNN	\$ 5,000.00	Wizig&Company	3452122	bcdfgi97
MARISSA LYNN HOWARD	\$ 5,000.00	Wizig&Company	3452132	dhdvgi97
PREVIOUS		NEXT		

FIG. 53

Please select one of the following options:

Report Plan Members and Dependents:

- ☐ By Geographic Area
- ☐ Employer or Business Unit
- ☐ By Annual Effective Date
- ☐ By Contribution Amount

Report Contribution Amount and Healthcare Service Package Costs:

- ☐ Aggregate Information by Month
- ☐ Aggregate Information by Employer or Business Unit
- ☐ Aggregate Information by Annual Effective Date
- ☐ Aggregate Information by Geographic Area
- ☐ Detailed Information by Month
- ☐ Detailed Information by Employer or Business Unit
- ☐ Detailed Information by Annual Effective Date
- ☐ Detailed Information by Geographic Area

PREVIOUS

NEXT

Express Buy

Click on the Express Buy button above to purchase a complete panel of healthcare providers based on the Search Criteria you chose on the prior page.

Custom Buy

Identify the services that you want to Express Buy, Custom Buy or Exclude

Category 1

Services are often Custom Buy or usually exceed 2% of the cost

Express Buy Custom Buy Exclude

- | | | | |
|-----------------------|-----------------------|-----------------------|------------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Primary Care Physician |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Inpatient Hospital |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Obstetrician |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Gynecologist |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Dermatologist |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Urologist |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Emergency Room |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Pharmacy |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Dental |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Vision |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Umbrella Policy |

Category 2

Services are occasionally Custom Buy. (List of Category 2 Services)

- ☐ Express Buy Category 2 Services
- ☐ Custom Buy Category 2 Services
- ☐ Exclude Category 2 Services

Category 3

Services are infrequently Custom Buy. (List of Category 3 Services)

- ☐ Express Buy Category 3 Services
- ☐ Custom Buy Category 3 Services
- ☐ Exclude Category 3 Services

FIG. 55